

Substance Abuse and Mental Health Services Administration

Substance Abuse Resource Guide

Tobacco

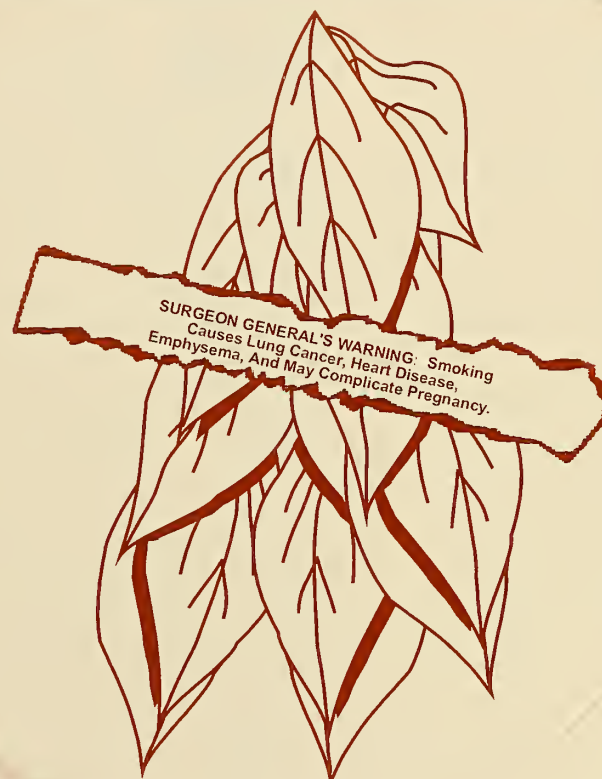
Tobacco use is increasingly becoming taboo in American society. Yet, according to statistics from the U.S. Department of Health and Human Services, about 32 percent of the total population has used tobacco within the past year, and 72 percent of the population has tried tobacco at some time throughout the course of their lives. Disturbingly, 36 percent of 12- to 17-year-old adolescents have already tried tobacco.

Tobacco use remains the leading preventable cause of death in the United States, causing more than 419,000 deaths each year at an annual cost of more than \$50 billion, according to a 1996 report from the Centers for Disease Control and Prevention (CDC).

The Center for Substance Abuse Prevention recognizes the serious threat that chewing and smoking tobacco poses to the health of Americans and is committed to stemming the tide of new smokers by deterring tobacco's use. This guide provides the latest information and referrals for tobacco use prevention. It highlights research, materials, programs, and organizations for prevention professionals, educators, parents, and the general public. By working together, we can save lives.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Prevention Materials for Tobacco

Cigarettes Made Them History

Organization: Tobacco Education

Clearinghouse of California/ETR
Associates

Year: 1996

Format: Poster

Target Audience: African-American youth

Availability: Tobacco Education

Clearinghouse of California/ETR

Associates, P.O. Box 1830, Santa Cruz,
CA 95061-1830; 408-438-4822, ext. 230.

Cost: 25¢ each

This black and white, 14-inch by 15-inch poster contains the photographs of three African-American recording stars: Mary Wells, Eddie Kendricks, and Sarah Vaughn. On the poster are the following words: "Cigarettes made them history. WARNING: Cigarette smoking is the leading cause of death among African Americans, and it's totally preventable."

Drugs 101: Nicotine

Organization: William Gladden Foundation

Year: 1994

Format: Brochure

Length: 6 pages

Target Audience: Parents and high-risk youth

Availability: Continental Press, 520 East

Bainbridge Street, Elizabethtown, PA
17022; 800-233-0759.

Cost: Minimum purchase of 25 @ 44¢ each

This brochure describes why people become addicted to nicotine, what nicotine withdrawal is, how using tobacco can harm one's health, and how tobacco users can quit.

Enough Snuff: A Guide for Quitting Smokeless Tobacco

Organization: Applied Behavioral Science
Press

Year: 1997

Format: Booklet

Length: 6 pages

Target Audience: General public, sr. high
school youth, young adults

Availability: Applied Behavioral Science Press,

114 Washington Avenue, Point

Richmond, CA 94801; 888-222-7347;

510-236-9400;

e-mail: khnow@aol.com.

Cost: \$9.95 plus \$2 shipping and handling
per book

This manual is to be used by snuff or chewing tobacco users who want to quit. It is divided into four steps: (1) Evaluate (readiness, motivation use patterns, and addiction); (2) Set a quit date and select a quit plan; (3) Deal with withdrawal; and (4) Maintain. The manual covers a range of topics including the reasons tobacco users quit, the three ways to quit, and the proper use of a nicotine patch or gum.

Faces of Addiction: Fighting Substance Abuse in Your Community

Organization: Home Box Office and The
Robert Wood Johnson Foundation

Year: 1997

Format: Package includes videotape,
brochure, two posters, viewing guide,
and media handbook.

Target Audience: Community service groups,
educators, and parents

Availability: National Clearinghouse for

Alcohol and Drug Information, P.O. Box
2345, Rockville, MD 20847-2345;

800-729-6686.

Cost: \$6 cost recovery fee

This community action package was designed by Home Box Office and The Robert Wood Johnson Foundation to help communities address their substance abuse problems. It includes a videotape composite of "Faces of Addiction," the three-part HBO special on substance abuse that aired on TV in 1997.

FactFile: Tobacco. Drug Abuse Prevention

Organization: The Bureau For At-Risk Youth
Year: 1994

Format: Brochure

Length: 6 pages

Target Audience: General public, and A/D prevention professionals

Availability: The Bureau For At-Risk Youth, 135 Dupont Street, P.O. Box 760, Plainview, NY 11803-0760; 800-999-6884.

Cost: 49¢ each

The use of tobacco, whether it is smoked, chewed, or inhaled, has a devastating effect on health. This brochure educates readers about such consequences which include respiratory disease, cancer, coronary heart disease, and blockage of blood vessels. The brochure explains the immediate benefits of smoking cessation and refers readers to information and assistance on smoking cessation.

Facts About...Nicotine Addiction and Cigarettes

Organization: American Lung Association
Year: 1995

Format: Brochure

Length: 8 pages

Target Audience: General public

Availability: American Lung Association;
800-586-4872; <http://www.lungusa.org>

Cost: Free

This brochure provides answers to 18 tobacco-related questions such as "What is

the link between cigarettes and nicotine?"; "How does nicotine work?"; and "What are some tips for smokers who decide to quit?" Other information addresses the effects of the drug and the reasons smoking helps people relax. The nicotine patch and nicotine chewing gum are also discussed.

The Filthy, Disgusting, Ugly, Foul, Hideous, Horrible, Ghastly, Nasty, Nauseating Tobacco Quiz

Organization: Journeyworks Publishing

Year: 1995

Format: Brochure

Length: 6 pages

Target Audience: General public, high-risk youth, jr. and sr. high youth

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

This publication presents a tobacco quiz with questions such as "What gross things do smokers do?"; "What's the most disgusting part about sharing a cigarette with a friend?"; and "Did the original 'Marlboro Man' die of cancer?"

Five Ways Tobacco Companies Try To Trick You

Organization: Journeyworks Publishing

Year: 1996

Format: Brochure

Length: 6 pages

Target Audience: Jr. and sr. high youth

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

Geared to young people, this brochure explains the influence of tobacco advertisements by exposing the tactics tobacco companies use in their ads and the truths they hide to sell their products.

It provides tips for deciphering and resisting the messages in ads.

Free Stuff From Tobacco

Organization: Journeyworks Publishing

Year: 1996

Format: Brochure

Length: 6 pages

Target Audience: Jr. and sr. high school youth

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

This brochure uses a parody of cigarette coupons to deliver facts about tobacco's harmful effects. It explains how tobacco companies give away "free" stuff including a free dizzy, sick feeling, and one custom tombstone.

HHS Fact Sheet. Children and Tobacco: The Facts

Organization: Food and Drug Administration

Year: 1995

Format: Fact Sheet

Length: 2 pages

Target Audience: A/D prevention professionals, community service groups, educators—grades 6-12, general public, health care providers, and parents of youth ages 12-18.

Availability: Food and Drug Administration, 5600 Fishers Lane, Room 1505, Rockville, MD 20857; 301-443-1130.

Cost: Free

This fact sheet presents statistics concerning children and nicotine addiction, the number of deaths caused by smoking, and the health care costs associated with tobacco.

JAM—The Performance Edge Program

Organization: Center for Substance Abuse Prevention and Centers for Disease Control and Prevention

Year: 1995

Format: Package includes videotape, poster, magazine, and teacher's guide

Target Audience: Jr. high school youth, sr. high school youth, and educators

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

Cost: Free

This educational program teaches young people about the dangers of drinking, smoking, and using drugs. The program urges youth to say "yes" to peak performance on the athletic field, in the classroom, and on the job and explains how tobacco and alcohol use can destroy these activities.

MediaSharp: Analyzing Tobacco & Alcohol Messages

Organization: Centers for Disease Control and Prevention

Year: 1998

Format: Package

Target Audience: Educators, community service groups, and prevention professionals

Availability: Centers for Disease Control and Prevention, Office on Smoking and Health, 4770 Buford Highway, NW., Mail Stop K-50, Atlanta, GA 30341; 770-488-5705

Cost: Free

MediaSharp, which consists of a leader's guide, worksheets, and a short videocassette, is a tool for helping youth make healthy choices about tobacco and alcohol. The kit emphasizes the importance of teaching children to assess, analyze, and understand the great influence of media in their lives. By following the modules and worksheets in this package, youth will examine the messages given to them on television and radio, in magazines and newspapers, and in other forms of direct and indirect advertisement.

Nicotine: Easy To Fall For

Organization: University of Wisconsin Clearinghouse

Year: 1996

Format: Fact Sheet

Length: 2 pages

Target Audience: High-risk youth

Availability: Wisconsin Clearinghouse,
University of Wisconsin-Madison, P.O. Box
1468, Madison, WI 53701; 608-263-2797.

Cost: 25 copies for \$9

The front of this fact sheet shows a photograph of a young man pole vaulting and on the back it warns about the dangers of smoking or chewing tobacco. In addition, it warns about the deception of tobacco advertising, the physical damage nicotine can cause, the dangers of chewing tobacco, the addictive nature of nicotine, and the damage tobacco smoke can do to the planet in terms of pollution.

No Butts About It. Tobacco Pollutes. Stomp Out Tobacco

Organization: Grafeeties and Company International, Inc.

Year: 1995

Format: Bumper Stickers for Shoes

Target Audience: Elementary and jr. high youth, high-risk youth

Availability: Grafeeties and Company International, Inc., 1730 Blake Street, Suite 400, Denver, CO 80202; 303-291-1011; <http://www.grafeeties.com>.

Cost: Minimum order: 10 sets; Pricing based on total quantity; 10-49 @ \$1 each

These "bumper stickers for shoes" are meant to be placed on the back of shoes. The stickers read "No Butts," "Tobacco Pollutes," "Stomp," and "Out Tobacco."

Preventing Tobacco Use Among Young People. A Report of the Surgeon General. At a Glance

Organization: Centers for Disease Control and Prevention

Year: 1994

Format: Brochure

Length: 4 pages

Target Audience: A/D prevention professionals, educators—grades 5-12, general public, parents of youth ages 10-18, and policymakers/administrators

Availability: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE. (MSK-50), Atlanta, GA 30341-3724; 800-CDC-1311, 770-488-5705.

Cost: Free

This brochure provides information and facts concerning the use of tobacco products by young people, including why it is important to keep kids tobacco-free. It also explains the effects of smoking on young people, discusses the addictive nature of tobacco use, offers ways to avoid peer pressure to use tobacco, and lists youth-related prevention programs that are successful.

Reducing Tobacco Use Among Youth: Community-Based Approaches: A Community Guide. Prevention Enhancement Protocols Systems (PEPS)

Organization: Substance Abuse and Mental Health Services Administration

Format: Booklet

Length: 12 Pages

Target Audience: A/D prevention Professionals, Community service groups, general public, parents, and educators
Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686

Cost: Free

This community guide consists of recommendations to enhance local efforts to curb tobacco use by minors. It presents the facts on current tobacco use by

minors, explains what steps the Federal Government is taking to ban sales of tobacco to minors, and explains the PEPS method to determine what prevention method is best for a community. The guide presents a variety of activities people can use in their communities to curb tobacco use by minors, and it lists organizations that can provide further assistance.

Smokeless Tobacco: Spit It Out!

Organization: Journeyworks Publishing

Year: 1996

Format: Brochure

Length: 6 pages

Target Audience: General public, jr. and sr. high youth

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

Smokeless tobacco is not safer than smoking cigarettes; once you get started, it's easy to get hooked. Using smokeless tobacco wrecks your health. Chewers look dirty and disgusting when they are using tobacco. These are just some of the facts included in this brochure which cites how tobacco companies trick people into using smokeless tobacco. It dispels the myth that all baseball players chew. It also includes a quiz on how to resist pressure from friends, family, or tobacco companies.

Smoking and Heart Disease

Organization: American Heart Association

Year: 1993

Format: Brochure

Length: 10 pages

Target Audience: Jr. and sr. high youth, and women

Availability: American Heart Association, National Center, 7272 Greenville Avenue, Dallas, TX 75231-4596; 800-242-8721

Cost: Free

This brochure explains how cigarette smokers, as well as nonsmokers who are exposed to environmental tobacco smoke, are at greater risk of developing heart diseases. It reveals how smoking effects the heart via circulation problems, atherosclerosis, peripheral vascular disease, heart attack, angina pectoris, and chronic lung disease. Teens who smoke increase their risk for heart disease later in life. Low-tar and low-nicotine cigarettes are discussed.

SOS News at 6:00

Organization: Somerville Community Access Television

Year: 1995

Format: Videotape

Length: 30 Minutes

Target Audience: High-risk youth and jr. high youth

Availability: Landmark Media, 3450 Slade Run Drive, Falls Church, VA 22042.

Cost: \$195

This video was made by junior high school students in an effort to prevent teenage smoking. The video examines topics such as tobacco advertising, substances that are in cigarettes, second hand smoke, and peer pressure management. The students conduct interviews with physicians, cigarette smokers who have quit, and teens who smoke. They also present a drama portraying a teen dealing with peer pressure.

The Spitting Image: Is Chewing Tobacco a Part of the Game?

Organization: National Federation of State High School Associations

Year: 1994

Format: Brochure

Length: 6 pages

Target Audience: High-risk youth and sr. high youth

Availability: National Federation of State High School Associations, 11724 Plaza Circle, P.O. Box 20626, Kansas City, MO 64195; 816-464-5400.

Cost: \$25 for a set of 100 brochures

This brochure uses the words "spit free" to list reasons to avoid chewing tobacco. Each letter in the words "spit free" corresponds to a sentence beginning with that letter. For example, "S" is "safeguard your health," "P" is "protect your image," and so on.

The S.T.O.P. Guide (The Smokeless Tobacco Outreach and Prevention Guide): A Comprehensive Directory of Smokeless Tobacco Prevention and Cessation Resources

Organization: Applied Behavioral Science Press

Year: 1997

Format: Book

Length: 284 pages

Target Audience: A/D prevention and treatment professionals, community service groups, educators, parents, and policymakers, and administrators

Availability: Applied Behavioral Science Press, 114 Washington Avenue, Point Richmond, CA 94801; 888-222-7347, 510-236-9400.

e-mail: khnow@aol.com.

Cost: \$89 plus \$9 shipping and handling

This nine-chapter guide deals with a variety of topics regarding smokeless tobacco. The chapters cover the prevalence of chewing tobacco use in the United States, legislation and litigation of chewing tobacco, tobacco industry practices, ingredients of chewing tobacco, health problems associated with smokeless tobacco, school-based prevention of smokeless tobacco use, and key elements of the "Enough Snuff" smokeless cessation program.

Stop the Sale, Prevent the Addiction

Organization: Center for Substance Abuse Prevention

Year: 1995

Format: Communications Package

Target Audience: Prevention professionals, community service groups, general public, and parents

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 1-800-729-6686.

Cost: Free

This kit contains fact sheets about the advertising industry, the industry's promotion of tobacco products to young people, trends in tobacco use among youth, and nicotine addiction among adolescents. The kit also lists things people can do to prevent tobacco sales to youth under 18 years old.

Talking Tobacco: What To Say and How To Say It

Organization: Journeyworks Publishing

Year: 1996

Format: Brochure

Length: 6 pages

Target Audience: Parents of youth ages 11-18

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

This brochure gives adults support and guidance for effectively reaching young people and helping them make tobacco-free choices. It explains how to teach young people to say "no" to tobacco, how to answer the difficult questions they may ask, and how to talk about the real facts about tobacco.

Teens and Tobacco

Organization: Business and Legal Reports, Inc.

Year: 1995

Format: Booklet

Target Audience: Jr. and sr. high youth, and high-risk youth

Availability: Business and Legal Reports, Inc.,
39 Academy Street, Madison, CT 06443;
800-7-ASK-BLR.

Cost: Free for single quantity

This booklet parodies several television programs such as "Wheel of Misfortune," "Deathstyles of the Rich and Ruthless," and "Leafis and Smoke-Hed." Each parody presents facts about the dangers of using tobacco. The last two pages summarize some of the facts and present readers with a pledge in which they promise to abstain from using tobacco products.

Teens Taking Action! A Guide to Conducting Tobacco Compliance Checks. (Introduction and Unconsummated Version)

Organization: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Public Health Service, U.S. Department of Health and Human Services, Washington, DC;
800-729-6686

Format: VHS Video

Length: 23 Minutes

Target Audience: Community service groups, educators, general public, jr. high youth, parents, merchants, and police officers

Availability: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; 800-729-6686.

Cost: Free

This video and its companion guide are intended to be used to train teen inspectors on how to conduct tobacco sale compliance checks. These materials were developed as resources for State and local agencies that are responsible for monitoring sales to minors, as mandated by the Synar Regulation. Federal agencies, local tobacco enforcement officials, and researchers may find these materials useful in preparing staff for tobacco outlet

inspections. In this consummated version teen inspectors are shown purchasing cigarettes.

Tobacco: Don't Be Fooled

Organization: Journeyworks Publishing

Year: 1997

Format: Brochure

Length: 6 pages

Target Audience: High risk youth, jr. and sr. high youth

Availability: Journeyworks Publishing, P.O. Box 8466, Santa Cruz, CA 95061; 408-423-1400.

Cost: 50 copies for \$15

In this brochure, two teenagers encounter a cigarette poster and begin to wonder if they would look more appealing if they smoked. Their friends discourage them from smoking, pointing out that tobacco use will have a negative impact on their social lives and budgets, among other things. Nine top reasons to say "no" to tobacco are listed along with an explanation of tobacco companies' advertising techniques that target young people.

Tobacco Horror Picture Show

Organization: Discover Films Video

Year: 1997

Format: Videotape

Target Audience: Jr. and sr. high youth

Availability: Discover Films Video, P.O. Box 24758, New Orleans, LA 70184; 888-649-6453

Cost: \$149

This video blends humor and horror in a way that will be interesting to young people. A mad scientist revels in his lab while adding toxic chemicals to his cigarettes. A "tar lady" portrays on the outside what happens on the inside from smoking. This video also features Debi Austin, a victim of throat cancer who demonstrates the results of nicotine addiction when she smokes through the

stoma (hole in her neck) created when her larynx was removed.

Tobacco Marketing to Young People

Organization: INFACT

Year: 1994

Format: Fact Sheet

Length: 2 pages

Target Audience: General public, parents of youth ages 9-18, and A/D prevention professionals

Availability: INFACT, 256 Hanover Street, Boston, MA 02113; 617-742-4583.

Web address: www.infact.org

Cost: Free

This fact sheet explains how the tobacco industry specifically targets young people in its marketing campaigns. It discusses youth-oriented tobacco promotion such as the use of cartoon characters, free cigarette giveaways, event sponsorship (rock concerts and sporting events), and "walking billboards" or cigarette-branded merchandise. As a result of these marketing techniques, youth smoking is on the rise and statistics are given regarding this rise.

The Risks of Tobacco Use: A Message to Parents and Teens. Guidelines for Parents

Organization: American Academy of Pediatrics

Year: 1994

Format: Brochure

Length: 6 pages

Target Audience: General public, high-risk families and youth, parents of youth ages 1-18.

Availability: American Academy of Pediatrics, Division of Publications, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove, IL 60009-0927; 708-228-5005.

Cost: 100 copies for \$34.95

This brochure explains how smoking is harmful to infants and children and how

advertising influences teens to smoke. The brochure also contains statistics reflecting the habits of adult smokers and suggests consulting a family pediatrician if a parent wants to quit smoking.

Tobacco X-Files

Organization: Discover Films Video

Year: 1998

Format: Videotape

Target Audience: Jr. and sr. high youth

Availability: Discover Films Video, P.O. Box 24758, New Orleans, LA 70184; 888-649-6453

Cost: \$149

This "show and tell" video paints a horrific picture of the harsh realities of tobacco use. Mixing gross effects with testimonials from recovering teenage nicotine addicts, as well as head and neck cancer victims, the strange, unbelievable, and outrageous truths about tobacco use are exposed and discussed for youth prevention.

Too Smart To Start, Too Cool To Smoke

Organization: American Cancer Society

Year: 1996

Format: Videotape

Length: 17 minutes

Target Audience: Educators of jr. high youth

Availability: American Cancer Society, 1599 Clifton Road, NE, Atlanta, GA 30329; 800-ACS-2345.

Cost: Free

This video teaches teens about the influence of tobacco advertising. An interview with a 16-year-old smoker is featured; the teen discusses nicotine addiction and the difficulty of quitting. The video urges viewers to gain control of their lives by choosing not to smoke. A "Sucker Test" is presented at the end, which quizzes the viewer on some of the false impressions teens have about smoking including the notion that teens

cannot be harmed by smoking, and that the majority of teens smoke.

Too Smart To Start, Too Cool To Smoke Resource Guide

Organization: American Cancer Society

Year: 1996

Format: Classroom material

Length: 12 pages

Target Audience: Educators of jr. high youth

Availability: American Cancer Society, 1599

Clifton Road, NE, Atlanta, GA 30329

800-ACS-2345.

Cost: Free

This resource guide, to be used in conjunction with the video, discusses how to use the video to empower teenagers to make healthy choices while learning valuable life skills. The guide presents projects to do with teens to help them learn how media manipulation works, teaches the facts about tobacco and health, provides ways to focus on thinking things through and making personal decisions, and describes ways to become advocates for younger students.

The Trouble With Tobacco

Organization: United Learning

Year: 1996

Format: Videotape

Length: 10 minutes

Target Audience: Elementary and jr. high youth, educators—grades 5-8

Availability: United Learning, 6633 West

Howard Street, Niles, IL 60714; 800-424-0362.

Cost: \$79.95

This video shows the stark contrast between the fantasy of advertisements (which depict smoking as glamorous, relaxing, and fun) and the reality of tobacco use (the potential for developing health problems such as chronic bronchitis, smoker's cough, and emphysema). Smoking leaves an odor that clings to hair and clothes, disrupts airflow in the body, and is also expensive.

This program identifies poisonous chemicals (ammonia, cadmium, and pesticides) and gases (such as carbon monoxide) in tobacco smoke and how they affect the body. Information about the hazards of smokeless tobacco is also included.

The Trouble With Tobacco—Teacher's Guide

Organization: United Learning

Year: 1996

Format: Booklet, comes with videotape

Length: 14 pages

Target Audience: Educators—grades 5-8

Availability: United Learning, 6633 West

Howard Street, Niles, IL 60714; 800-424-0362.

Cost: \$79.95

This teacher's guide accompanies the video of the same name. It includes a program overview, student objectives, a suggested lesson plan, previewing and post viewing activities, and a transcript of the video.

What's Wrong With Tobacco?

Organization: Discover Films, Inc.

Year: 1995

Format: Videotape

Length: 30 Minutes

Target Audience: Jr. and sr. high youth

Availability: HRM Video; 175 Tompkins

Avenue, Pleasantville, NY 10570; 800-431-2050

Cost: \$189

This video educates teens about the dangers of smoking and using chewing tobacco. The video shows how the media effects teens and how addictive tobacco is. Teens who are addicted to smoking and cannot quit are interviewed, as are older ex-smokers who lost their vocal cords to cancer.

Youth and Tobacco: Preventing Tobacco Use Among Young People. A Report of the Surgeon General

Organization: Department of Education

Year: 1995

Format: Report

Length: 224 pages

Target Audience: A/D prevention
professionals, and parents

Availability: SAMHSA's National Clearinghouse
for Alcohol and Drug Information, P.O.
Box 2345, Rockville, MD 20847-2345;
800-729-6686.

Cost: Free

This is an adaptation of the Surgeon General's 1994 report. The excerpts included information for educators regarding the vulnerability of 10- to-18-year-olds to the dangers of smoking. This is the approximate age range of future users who start smoking, chewing, or dipping, and who eventually may become addicted to tobacco.

Studies, Articles, and Reports

Adolescent Smokers' Provision of Tobacco to Other Adolescents

Wolfson, M.; Forster, J.L.; Claxton, A.J.; and Murray, D.M.

American Journal of Public Health
87(4): 649:651, 1997

This study examines adolescent smokers' provision of tobacco to other adolescents. Data from a survey of 8th-, 9th-, and 10th-grade students in Minnesota is analyzed by using mixed-model logistic regression. More than two-thirds (68.8 percent) of adolescent smokers provided tobacco to other adolescents in the previous 30 days. Several factors are associated with the likelihood of adolescents providing cigarettes to others, including having parents and friends who smoke, owning tobacco merchandise, and making recent attempts to purchase cigarettes.

Analysis Regarding FDA's Jurisdiction Over Nicotine Containing Cigarettes and Smokeless Tobacco Products

U.S. Dept. of Health and Human Services,
Food and Drug Administration
Federal Register
60(155): 41453-41787, 1995

This three-part document states that nicotine's addictive and pharmacological properties affect the structure and function of the body (within the meaning of the definition of a drug), and also demonstrates that tobacco manufacturers intend their products to have these effects. Part one explains why regulation of cigarettes and smokeless tobacco products as devices is appropriate. Part

two presents the scientific evidence of nicotine's addictive and other pharmacological effects. Part two also explains how marketed tobacco products deliver pharmacologically active doses of nicotine and how consumers use these products to obtain various drug effects. This section describes the statements, extensive research, and other actions by tobacco manufacturers regarding nicotine's pharmacological effects. Part three summarizes objectives in regulating cigarettes and smokeless tobacco products. This section explains why, despite the public health problems caused by cigarettes and smokeless tobacco products, it would not be appropriate to remove tobacco products from the market because approximately 40 million Americans are addicted to them. The section summarizes the evidence that almost all tobacco use begins during childhood or adolescence, and the fact that the prevalence of tobacco use by children and adolescents is increasing. Therefore, the goal of the Food and Drug Administration's regulatory action is to reduce tobacco use by children and teenagers and to prevent future generations from becoming addicted to nicotine-containing tobacco products.

Can Cigarette Smoking in Young Women Be Prevented By Enhanced Spirituality

Kass, J.

In: *Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting: The College on Problems of Drug Dependence, Inc., NIDA Research Monograph Series 174.*
Washington, DC: U.S. Government Printing Office, 1997. 462 pp. (p. 207)

Available from SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847; 800-729-6686.

This document examines 54 late-adolescent and young-adult females who were studied periodically during an 8-month period. Researchers measured stressors, personality variables, and alcohol and cigarette use among the 54 females initially, again after 5 months, and then after 8 months. An initial analysis showed that stress regarding physical appearance was a risk factor for cigarette smoking, but not for alcohol consumption, while the reverse influence is found in terms of the use of these two substances and relaxation. Spirituality is a positive psychological resource that helps to prevent cigarette smoking. Multiple regression analysis, which controlled cigarette smoking at the start of the study and used cigarette smoking at 8 months as a dependent variable, identified predictor variables. The final model indicates two main effects: cigarette smoking at the start of the study and an interactive variable containing family and friends who smoke, current alcohol usage, self-confidence, hostility, stress concerning physical appearance, and spirituality.

Cigar Smoking Among Teenagers—United States, Massachusetts, and New York, 1996

Morbidity and Mortality Weekly Report
46(20): 433-440, May 1997

This report presents estimates of the prevalence of cigar smoking among youth based on analyses of data from the Robert Wood Johnson Foundation's (RWJF) 1996 National Study of Tobacco Price, Sensitivity, Behavior, and Attitudes Among Teenagers and Young Adults; a 1996 survey by the Massachusetts Department of Public Health (MDPH) of high school and junior high students; and the Roswell Park Cancer Institute's 1996

Survey of Alcohol, Tobacco, and Drug Use in two New York counties. The analyses indicate that during the year before being surveyed, 26.7 percent of the Nation and 28.1 percent of Massachusetts high school students reported having smoked at least one cigar and that 13-15 percent of ninth grade students in two New York counties reported having smoked cigars during the previous 30 days. If cigar consumption continues to increase, cigar-related morbidity and mortality can also be expected to increase.

Cigars Move To Replace Cigarettes As More Social and Politically Acceptable "Nicotine Delivery Device"

Bottom Line on Alcohol in Society
17(3): 77-83, 1996

Cigars seem to be replacing cigarettes among some smokers in America. When cigarette smoking decreased after the first Surgeon General's report on smoking and health in January 1964, millions of Americans switched to cigars, producing a consumption peak that year at 9.1 billion. Kids are still more attracted to cigarettes, but the popularity of cigars continues to grow. There is no question that cigars can cause cancer, even if the smoke is not inhaled. Secondhand cigar smoke is every bit as harmful as secondhand cigarette smoke. Retailers report annual sales increases of 50 percent or more for premium cigars for the last 2 years. The cigar industry estimates that more than 10 million Americans, 99.9 percent of them men, now regularly smoke cigars, an increase of about 2 million since 1993. Cigar smoking causes cancer of the larynx, mouth, esophagus, and lungs. Cigar smokers are more likely than nonsmokers to develop chronic obstructive lung disease, although the risk is lower than that of cigarette smokers.

Coronary Heart Disease Risk Factors and Cigarette Smoking Among Rural African Americans

Williams, J.; Hunt, D.; and Schorling, J.
Journal of the National Medical Association
89(1): 37-47, 1997

Cigarette smoking is reported to make high-density lipoprotein (HDL) cholesterol and other cardiac risk factors worse, yet no study has examined the issue among rural African Americans. This study examines the association between cigarette smoking and cardiac risk factors among rural African-American adults from two rural Virginia counties who underwent total cholesterol (T), HDL, systolic and diastolic blood pressure (SBP and DBP), body mass index (BMI), serum glucose, and glycosylated hemoglobin (GlyHb) measurements. Cross-sectional multivariate analyses are used to compare risk factors across categories of cigarette use. Age, BMI, alcohol consumption, and antihypertensive medication use are covariates in the analysis. Results indicate that female light smokers have significantly lower SBP and DBP, and lower HDL. Female heavy smokers have significantly lower HDL and BMI and significantly higher T/HDL ratios. Male heavy smokers have significantly higher SBP. More than 33 percent of males and more than 50 percent of females are overweight. Increasing BMI is associated with significantly or nearly significantly worsening of all other risk factor levels. Both cigarette smoking and obesity adversely affect other cardiac risk factors. Novel approaches are needed to decrease both smoking and obesity in this difficult-to-reach population.

Do as I Say: Parent Smoking, Antismoking Socialization, and Smoking Onset Among Children

Jackson, C. and Henriksen, L.
Addictive Behaviors
22(1): 107-114, 1997

This study examines relationships between smoking and antismoking practices of parents and early onset of smoking among elementary-grade children. The parental practices investigated are direct modeling of cigarette smoking and antismoking socialization variables, such as setting rules to eliminate cigarette smoking in the home, becoming aware of children's smoking behaviors, and making clear the disciplinary consequences of cigarette smoking. From a sample of 1,213 third- and fifth-grade children, the study finds the following four relationships: (1) Children's risk of early onset of smoking increases with the level of exposure to parent smoking models; (2) If one or both parents are current smokers, children who have never tried smoking have a significantly greater risk of intending to smoke—they perceive having easy access to cigarettes, and feeling ambivalent about smoking; (3) Risk rates for children of former smokers indicate that parents' quitting smoking does not eradicate the effects of parent modeling; (4) Children whose parents engage in antismoking socialization have significantly lower rates of smoking onset, even in parents who are current smokers. The implications of these results for preventive intervention and future research are discussed.

Do Smokers Understand the Mortality Effects of Smoking? Evidence From the Health and Retirement Survey

Schoenbaum, M.
American Journal of Public Health
87(5): 755-759, 1997

This study examines whether smokers recognize that smoking is likely to shorten their lives and, if so, whether they understand the significance of this fact. People's expectations about their chances of reaching age 75 are compared with epidemiological predictions from life tables which identify the following categories: "never smoked," "former smokers," "current light smokers," and

"current heavy smokers." Data on expectations of reaching age 75 come from the Health and Retirement Survey, a national probability sample of adults aged 50 through 62 years. Predictions come from smoking-specific life tables constructed from the 1986 National Mortality Follow-Back Survey and the 1985 and 1987 National Health Interview Surveys. Among men and women, the survival expectations of never, former, and current light smokers are close to actuarial predictions. However, among current heavy smokers, expectations of reaching age 75 are nearly twice as high as actuarial predictions. These findings suggest that at least heavy smokers significantly underestimate their risk of premature mortality.

Early Use of Alcohol and Tobacco: Its Relation to Children's Competence and Parent's Behavior

Jackson, C.; Henriksen, L.; Dickinson, D.; and Levine, D.

American Journal of Public Health
87(3): 359-364, 1997

Use of tobacco and alcohol during childhood predicts heavy use of these substances and use of illicit drugs during adolescence. This study attempts to identify developmental correlates of tobacco and alcohol use among elementary school children. Cross-sectional surveys were used to measure a sample of 1,470 third- and fifth-grade children with regards to tobacco and alcohol use, and to find multiple indicators of child competence, parenting behaviors, and parental modeling of tobacco and alcohol use. Both self-report and teacher-rated assessments were obtained, which allowed collateral testing of study hypotheses. Children's tobacco and alcohol use was strongly related to low scores on several measures of child competence, both self-reported and teacher-rated. Tobacco use was also associated with less effective parenting behaviors and with parental use of

tobacco and alcohol. The authors conclude that children's early experience with tobacco and alcohol is associated with weak competence development and exposure to socialization factors that promote risk taking. Interventions to prevent early use of tobacco and alcohol are needed.

Effect of Tobacco Tax Cuts on Cigarette Smoking in Canada

Hamilton, V.; Levinton, C.; St-Pierre, Y.; and Grimard, F.

Canadian Medical Association Journal
156(2): 187-191, 1997

This study assesses the effects of the tobacco tax cuts made in 1994 on the smoking habits of Canadians. This is a population-based retrospective cohort study. Data from the Survey on Smoking in Canada was conducted by Statistics Canada on 119 respondents, 15 years of age and older. Respondents were interviewed about their smoking habits approximately every 3 months from January 1994 to February 1995. Researchers measured changes in smoking prevalence, incidence, quit rates, and mean number of cigarettes smoked per day in the province where tobacco taxes were cut and in those where taxes were not cut. During the survey, smoking prevalence decreased in all provinces, whether or not cigarette taxes had been cut. However, the prevalence of smoking is greater in the provinces where tobacco taxes had been cut than in those where they had not, and this difference increased from 2 percent at the beginning of the survey to 3.4 percent at the end ($p < 0.001$).

How Long Will Today's New Adolescent Smoker Be Addicted to Cigarettes?

Pierce, J.P.; Gilpin, E.

American Journal of Public Health
86(2): 253-256, 1996

This study estimates the expected smoking duration for young smokers who have started recently. Data from National Health Interview Surveys are combined to model the ages at which smoking prevalence declines to various percentages of the peak smoking prevalence for each successive birth cohort. Smoking-cessation ages are then estimated for the males and females born from 1975 through 1979. The median cessation age for those in this cohort who start smoking as adolescents is expected to be 33 years for males and 37 years for females. Thus, 50 percent of these adolescent males may smoke for at least 16 years and 50 percent of these adolescent females may smoke for at least 20 years, based on a median age of initiation of 16 to 17 years. Despite the decline in the median age of U.S. smokers who quit, these data predict that smoking will be a long-term addiction for many adolescents who start.

How To Stick to the Real Issues in Tobacco Use

Collins, L.

Prevention Forum

17(1): 24, Winter 1997

This document outlines and discusses the tactics used by the tobacco industry to divert attention away from proven tobacco-related threats to public health. Initially, the tobacco industry relays messages to the public about illicit drug use, while ignoring discussions about the threats of tobacco-related illnesses. The industry also presses issues about tobacco regulation interfering with their right to free enterprise. Regulation is necessary, however, and the tobacco industry must cooperate for the good of the public. The industry also argues that tobacco regulation means the loss of jobs and money. However, such regulation has been effective at reducing youth tobacco use and raising money for jobs and educational purposes. While the tobacco industry claims to be regulating youth access to tobacco, studies show that a

reduction in young people's access to tobacco only occurs when there is enforcement, including penalties on store owners for selling tobacco to a minor. Vendors are held responsible for not selling to minors, though the tobacco industry claims this is the sole responsibility of parents. The industry claims that Americans can resolve the secondhand smoke problem themselves through interpersonal communication; however, one study demonstrated that 47 percent of smokers reported lighting up inside public places without asking others' consent, while only 4 percent of nonsmokers asked a smoker to cease using tobacco.

Identification of Adolescents At Risk for Smoking Initiation: Validation of a Measure of Susceptibility

Unger, J.; Johnson, C.A.; Stoddard, J.;

Nezami, E.; and Chou, C.

Addictive Behaviors

22(1): 81-91, 1997

Primary prevention of smoking in adolescents requires effective screening instruments for identifying those adolescents who are most likely to experiment with cigarettes. This study investigates the predictive value of a measure of susceptibility to smoke (the lack of a firm commitment not to smoke) for predicting smoking initiation 1 and 2 years later among 687 seventh-grade nonsmokers. Results show that susceptible adolescents were approximately two to three times more likely to experiment with cigarettes during the ensuing 2 years than were nonsusceptible adolescents. At the lower levels of smoking, these relationships persist even after controlling for psychosocial variables. Measures of susceptibility to smoke may be an effective tool for identifying adolescents at increased risk of experimenting with cigarettes or assessing their readiness for smoking-prevention programs.

Implementing the Synar Regulation: Strategies for Reducing Sales of Tobacco Products to Minors. CSAP Technical Report

Available from the U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857

This report contains information to assist those who are responsible for reducing sales to minors. Included is an analysis of current sales rates and case studies of States and communities that have successfully reduced sales rates.

Legal and Scientific Basis for FDA's Assertion of Jurisdiction Over Cigarettes and Smokeless Tobacco

Kessler, D.; Barnett, P.; Witt, A.; Zeller, M.; and Mande, J.

Journal of the American Medical Association 277(5): 405-409, 1997

In August 1996, the U.S. Food and Drug Administration (FDA) asserted jurisdiction over cigarettes and smokeless tobacco under the Federal Food, Drug, and Cosmetic Act. Under this Act, a product is a drug or device subject to FDA jurisdiction if it intends to affect the structure or any function of the body. The FDA thus determined that nicotine in cigarettes and smokeless tobacco does affect body structure and function because nicotine causes addiction and other pharmacological effects. The FDA also found that these pharmacological effects are intentional because: (1) a scientific consensus finds that nicotine is addictive; (2) recent studies show that most consumers use cigarettes and smokeless tobacco for pharmacological purposes, including satisfying their addiction to nicotine; and (3) newly disclosed evidence from the tobacco manufacturers reveals that the manufacturers know that nicotine causes pharmacological effects, including

addiction, and design their products to provide pharmacologically active doses of nicotine. The FDA thus concludes that cigarettes and smokeless tobacco are subject to FDA jurisdiction because they contain a drug—nicotine—and a device that delivers this drug to the body.

Limiting Youth Access to Tobacco With the Synar Amendment

Prevention Alert, 27 Feb 1998. 1 p

Availability: SAMHSA's National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345

The Synar Amendment requires States to develop laws barring the distribution of tobacco products to minors. The legislation, named after its congressional sponsor Mike Synar, emphasizes consistent enforcement, monitoring of retail outlets' compliance, and communication of results. The goal of the Synar Amendment is that by fiscal year 2002 a minor attempting to purchase tobacco will be able to do so less than 20 percent of the time. Four States have already achieved rates at or below 20 percent. States that fail to comply with the Synar Amendment risk losing between 10 and 40 percent of Federal block grant funds allocated for substance abuse prevention and treatment programs, depending on the fiscal year involved.

Long-Term Trends in Cigarette Smoking Among Young U.S. Adults

Escobedo, L. and Peddicord, J.

Addictive Behaviors

22(3): 427-430, 1997

Retrospective examination of a national probability sample reveals that young women, particularly those who dropped out of high school, have reached smoking rates as high or higher than subgroups of young men. These results suggest that surveillance, research, and public health programs are needed to address the rapid

increase in smoking among young women.

National Survey Results on Drug Use from the Monitoring the Future Study 1975-1995; Volume 1, Secondary School Students

Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G.

National Institute on Drug Abuse, 1996.
382 pp.

Results are presented from the 21st national survey of drug use and related attitudes among American high school seniors, the 16th such survey of American college students, and the 5th such survey of 8th and 10th grade students. Results are presented from secondary school samples of 8th, 10th, and 12th graders. Two of the major topics included in this survey are the prevalence of drug use among American secondary school students and trends in use by those students. Initially, 11 separate classes of drugs were distinguished: marijuana, inhalants, hallucinogens, cocaine, heroin, opiates other than heroin, stimulants, sedatives, tranquilizers, alcohol, and tobacco. Separate chapters cover the following topics: the students' grade of first use; the students' own attitudes and beliefs; the related attitudes, beliefs, and behaviors of others in the students' social environment; and the students' perception of drug availability. The study finds that large proportions of young people establish regular cigarette use during late adolescence and that there is a continuing increase in cigarette smoking among teens. The study also finds that cigarettes are a class of substances most frequently used daily by high school students.

New Efforts To Keep Adolescents Tobacco-Free

Journal of the American Medical Association
275(16): 1218-1219, 1996

The Center for Tobacco-Free Kids is a new organization that focuses on changing the social environment and that attempts to influence public policies regarding the use of tobacco by teens. The center is financed by an initial \$30 million grant and will collaborate with the antismoking efforts of groups such as the American Lung Association and the American Heart Association. The center will assist State and local communities that are engaged in tobacco control efforts, enabling them to recommend changes in policies and practices. This assistance will include developing an outreach program to broaden and serve as a focus for the millions of Americans concerned about tobacco control. The center is especially interested in focusing on teenage smoking because this is when the majority of smokers initially become addicted to tobacco.

Patterns of Use of Smokeless Tobacco and the Unidimensional Model of Drug Involvement

Hu, F.; Hedeker, D.; Day, D.; Flay, B.; and Siddiqui, O.

Addictive Behaviors
22(2): 257-261, 1997

This study tests whether smokeless tobacco (ST) fits a unidimensional model of drug involvement (i.e., a model of drug use which hypothesizes that early experiences with drugs, such as tobacco, leads to subsequent use of alcohol, marijuana, and other "harder" drugs). The study tries to locate ST along the dimension that underlies drug use. Researchers employ a latent trait analysis to quantify drug involvement in a sample of high school students. Analyses show that although ST use fits the unidimensional model of drug involvement, the place of ST use along the continuum of drug involvement is not stable and differs by gender and ethnicity, particularly for males. ST use is likely to be preceded by soft drug use and followed by hard drug use; for females, however,

ST use is closely associated with hard drug use. The analyses also revealed that the fit of the unidimensional model and the location of ST use along the dimension vary with different ethnic groups.

Prevalence and Demographic Correlates of Symptoms of Last-Year Dependence on Alcohol, Nicotine, Marijuana, and Cocaine in the U.S. Population

Kandel, D.; Chen, K.; Warner, L.; Kessler, R.; and Grant, B.

Drug and Alcohol Dependence
44(1): 11-29, 1997

The prevalence of last-year use of alcohol, cigarettes, marijuana, and cocaine among the U.S. population and conditional prevalence of a proxy measure of last-year dependence among last-year users of each drug class are assessed as a function of age, gender, and ethnicity. Analyses are based on three aggregated waves (1991, 1992, 1993) of the nationally representative samples of the general population. An approximation of DSM-IV drug-specific last-year dependence for each drug class is derived from self-reported symptoms of dependence, according to data on frequency and quantity of use and drug-related problems. Descriptive and multivariate analyses were conducted. The inclusion of cigarettes among the drugs, the large number of cases, and the wide age range of respondents enabled the authors to make drug, age, gender, and ethnic comparisons that are not otherwise possible in any other data set. The proxy measure of dependence, however, has limitations. Among the major findings is that nicotine is the most addictive of the four drugs examined.

Psychosocial and Pharmacological Explanations of Nicotine's "Gateway Drug" Function

Lindsay, G.B.; Rainey, J.

Journal of School Health
67(4): 123-126, 1997

Research shows that adolescent users of tobacco are much more likely to use illicit drugs than are nonusers of tobacco. This article suggests potential psychosocial reasons for this progression to other drugs based on the following principles of learning theory: Theory of Reasoned Action, Health Belief Model, and Cognitive Dissonance. In addition, a neuropharmacologic causal mechanism is discussed. The existence of tobacco's gateway function has important implications in the Nation's efforts to reduce illicit drug use and adolescent smoking.

Rating Addictiveness: Their Effects Aren't as Intense as Those of Alcohol, Heroin, or Cocaine, But Cigarettes Get Top Marks for Their Ability To Create Dependence

Hilts, P.J.

The Journal
24(1): 12, 1995

Although cigarettes do not offer as intense an effect as heroin and cocaine, they rank higher in terms of addiction based on a number of other factors. Cigarettes not only create dependence among users, but also elicit a high degree of tolerance—the continued need for more of a drug to satisfy a craving. In smoking, it is not the nicotine or addiction that is most harmful but other toxic chemicals produced by burning tobacco. These chemicals cause most of the 400,000 deaths in the United States each year that are attributed to smoking. Symptoms must be present for at least a month or must occur repeatedly over a longer period of time before dependence is considered a probability. Nine criteria are listed for determining dependence on a psychoactive substance.

Rural Teens Start Tobacco Use Early

Severson, H.

Rural Health News

Spring 1994. pp. 1, 8

Citizens of rural Idaho surveyed teens at a county fair about their tobacco use. Chewing tobacco use among white teen boys was about 10 percent. Of the 94 respondents (half were boys), about 56 percent had tried cigarettes and 33 percent had tried chewing tobacco. Half of current users started before the age of 12. Only one-third thought it was difficult for teens to purchase tobacco in their town. The article discusses Oregon Mint Chew, a non-tobacco chew, and cinnamon and licorice flavored chews. A rural dentist is interviewed on mouth cancer resulting from chewing tobacco.

Sociobehavioral Influences on Smoking Initiation of Hispanic Adolescents

Cowdery, J.; Fitzhugh, E.; and Wang, M.

Journal of Adolescent Health

20(1): 46-50, 1997

The authors studied the sociobehavioral influences on smoking initiation of Hispanic adolescents for 3 years using a national sample. Hispanic adolescents, ages 15-22 years, from the 1989 and 1993 Teenage Attitudes and Practices Surveys (TAPS I and II), were selected for analyses. Data collected includes measures of smoking initiation and attitudes and beliefs towards smoking among adolescents. Researchers also looked at the smoking status of family and peers. At the 3-year followup, 43.4 percent of nonsmokers at TAPS I had initiated smoking. The risk factors associated with initiating smoking included having male or female friends who smoked and having positive attitudes and beliefs toward smoking. Parental and sibling smoking status has little effect on adolescent smoking status. The peer influence on Hispanic adolescent smoking is consistent

with previous research on Caucasian and African-American adolescents. The formation of attitudes and beliefs toward smoking in this population warrants further examination, given the influence of attitudes and beliefs on smoking initiation found in this study.

States Receive Assistance With Synar Regulation Requirements

Fisher, D.; Carmona, M.

Prevention Pipeline, March/April 1997.

pp. 1-4

The Federal Government's recently implemented Synar Regulation offers States a new challenge and a useful tool in the fight to reduce tobacco sales to minors. The goal is to reduce the rate of illegal purchase by minors to no more than 20 percent in each State. To assist States and territories in implementing the Synar Regulation, the Center for Substance Abuse Prevention (CSAP) hosted a technical assistance workshop in which presenters included State administrators, local government officials, law enforcement officials, researchers, media professionals, and community advocates. The Synar Regulation requires States to enact and enforce laws prohibiting any manufacturer, retailer, or distributor from selling or distributing tobacco products to minors; to conduct random, unannounced, annual inspections of a sample of tobacco vendors to assess their compliance with the State's access law; and to submit an annual report to the Secretary of Health and Human Services describing their enforcement activities, their progress in reducing access, and a strategy and time frame for achieving a non-compliance rate of 20 percent or less. The legislation allows for a percentage of Federal block grant funds for substance abuse prevention to be withheld from non-compliant States.

Tobacco Use Among U.S. Racial/Ethnic Minority Groups—A Report of the Surgeon General 1998

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1998
Available from Superintendent of Documents, U.S. Government Printing Office, Washington, DC

Cigarette smoking is a major cause of disease and death among African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics. This report provides current information on the risk factors and patterns of use within these four major ethnic/racial minority groups in the United States. American Indians and Alaska Natives have the highest prevalence of tobacco use among adults and African American, and Southeast Asian men also have a high prevalence of smoking. Among adolescents, cigarette smoking prevalence increased in the 1990's among African Americans and Hispanics. This increase followed several years of substantial decline among adolescents of all four racial/ethnic minority groups. No single factor determines patterns of tobacco use among racial/ethnic minority groups; these patterns are the result of complex interactions of multiple factors, such as socioeconomic status, cultural characteristics, acculturation, stress, biological elements, targeted advertising, price of tobacco products, and varying capacities of communities to mount effective tobacco control initiatives.

Tobacco Use and Usual Source of Cigarettes Among High School Students—United States, 1995

Morbidity and Mortality Weekly Report
45(20): 413-418, 1996

Despite laws prohibiting the sale of tobacco to minors throughout the United States, most minors are still able to purchase cigarettes. Researchers analyzed data from the 1995 Youth Risk Behavior Survey (YRBS) to determine current prevalence of cigarette use and smokeless tobacco product use by high school students, the usual source of cigarettes among those who smoked, and the percentage of students who were asked to show proof of age when buying cigarettes. The overall prevalence of current cigarette use and frequent cigarette use is 34.8 percent and 16.1 percent, respectively. The prevalence of current cigarette use is higher among non-Hispanic white and Hispanic students than among non-Hispanic black students. The overall prevalence of current smokeless tobacco use is 11.4 percent. Among students aged 17 years and younger in grades 9 through 12 who are current smokers, 38.7 percent report that they usually buy cigarettes in a store and 2.2 percent buy them from vending machines. Male students are more likely than female students to report that they usually buy cigarettes from a vending machine. Students in grade nine are more likely, than are students in grades 11 or 12, to report that their usual source of cigarettes is borrowing from others.

Tobacco Use Prevention and Reduction

Yox, S.
HMO Practice
9(3): 123-127, 1996

Many health maintenance organizations (HMO's) are implementing comprehensive efforts in the areas of tobacco use prevention and reduction. The HMO Group and the Centers for Disease Control and Prevention (CDC) co-sponsored a working meeting on tobacco use prevention and reduction. This meeting brought together representatives from those groups and State health department officials to focus on designing plans to accelerate the pace of

improvement in HMO delivery systems and to develop strategies to impact laws and policy regarding tobacco control. Three areas were identified in which government and HMO delivery systems can work together: in developing guidelines to provide a framework for patient care, in gathering information for needs assessment and evaluation, and in coordinating collaborative intervention programs. Most HMO's have clarified their smoking cessation mission. Many plans measure the results of their efforts. HMO's have placed a new emphasis on subgroups of smokers who are high risk such as adolescents or pregnant women. Many plans are improving their internal office systems to remind clinicians to identify and intervene on the behalf of members who smoke. In addition, HMO's frequently use the nicotine patch to increase members' involvement in smoking cessation programs. There are six key areas in which HMO's can help reduce tobacco consumption by focusing efforts on population-based environmental and policy approaches. They include prevention, treatment, clean indoor air, advertising, economic incentives, and product regulations. Key conference outcomes include developing a tobacco use policy; treating smoking status as a vital sign, which is measured during every visit; implementing organized, comprehensive office systems to enhance smoking cessation success; targeting all HMO members who smoke, not just those who come in for care; and increasing involvement in public policy aimed at decreasing initiation of smoking by teens.

Worldwide Trend: Tobacco Use Grows as Low Prices Lure New Young Smokers

Bottom Line on Alcohol in Society
Spring 1997, pp. 79-91

This article discusses the theme of the 10th World Conference on Smoking and Health held in Beijing, China. The agenda includes a focus on the worldwide tobacco

epidemic. An increase in smoking is expected to dramatically increase mortality rates. Anti-smoking forces have had some notable successes, including introducing smoke-free airline flights and increasing the number of restaurants with nonsmoking sections. Anti-tobacco strategies and efforts of France, Canada, the United States, Asia, and Great Britain are highlighted.

Groups, Organizations, and Internet Sites on Tobacco

Action on Smoking and Health (ASH)

2013 H Street, NW.
Washington, DC 20006
Tel: 202-659-4310
<http://ash.org>

The Advocacy Institute

1707 L Street, NW.
Suite 400
Washington, DC 20036
Tel: 202-659-8475
email: info@advocacy.org

American Cancer Society

1599 Clifton Road, NE.
Atlanta, GA 30329
Tel: 800-ACS-2345
<http://www.cancer.org>

American Council for Drug Education

164 West 74th Street
New York, NY 10023
Tel: 800-883-DRUG
<http://www.acde.org>
email: privera@phoenixhouse.org

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
Tel: 214-373-6300
<http://www.amhrt.org>

American Lung Association

(Consult your local telephone
directory)
Tel: 800-LUNG-USA
<http://www.lungusa.org>

American Medical Association

515 North State Street
Chicago, IL 60610

Tel: 312-464-5000

<http://www.ama-assn.org>

Americans for Nonsmokers' Rights

2530 San Pablo Avenue, Suite J
Berkeley, CA 94702
Tel: 510-841-3032
<http://www.no-smoke.org>
email: anr@no-smoke.org

Centers for Disease Control and Prevention (CDC)

Office on Smoking and Health

4770 Buford Highway, NW.
Mail Stop K-50
Atlanta, GA 30341
Tel: 770-488-5705, 800-CDC-1311
<http://www.cdc.gov/tobacco>

Center on Addiction and Substance Abuse at Columbia University (CASA)

152 West 57th Street
New York, NY 10019
Tel: 212-841-5200
Fax: 212-956-8020
<http://www.casacolumbia.org>

Coalition on Smoking or Health (CSH) (legislative information only)

1150 Connecticut Avenue, NW.
Suite 820
Washington, DC 20036
Tel: 202-452-1184

Department of Health and Human Services

200 Independence Avenue, SW.
Washington, DC 20201
Tel: 202-619-0257
<http://www.os.dhhs.gov>

Doctors Ought to Care (DOC)

5615 Kirby Drive, Suite 440
Houston, TX 77005
Tel: 713-528-1487
Fax: 713-528-2146
<http://kickbutt.org>

Food and Drug Administration

HFE-88
Rockville, MD 20857
Tel: 800-532-4440
<http://www.fda.gov>

Foundation for a Smokefree America

264 South La Cienega Boulevard
Suite 1000
Beverly Hills, CA 90211
Tel: 310-277-1111
Fax: 310-657-1822
<http://www.tobaccofree.org>

Hazelden Educational Materials

P.O. Box 176
Center City, MN 55012-0176
Tel: 800-328-9000

The Health Authority

<http://www.healthauthority.com>

**Indoor Air Quality Information
Clearinghouse (IAQINFO)**

P.O. Box 37133
Washington, DC 20013-7133
Tel: 202-484-1307, 800-438-4318
<http://www.epa.gov/iaq>

Johnson Institute

7205 Ohms Lane
Minneapolis, MN 55439-2159
Tel: 800-231-5165
Email: info@johnsoninstitute.com

Join Together**A National Resource for Communities
Fighting Substance Abuse**

441 Stuart Street, 6th Floor
Boston, MA 02116
Tel: 617-437-1500
<http://www.jointogether.org>
Email: info@jointogether.org

Lung Line

National Asthma Center
Tel: 800-222-5864

National Cancer Institute

Lung Cancer Biology Section
6130 Executive Plaza, Building 8, Room
5105
Rockville, MD 20852
Tel: 301-496-0901
<http://www.nci.nih.gov>

**The National Center for Tobacco-Free
Kids**

1707 L Street, NW., Suite 800
Washington, DC 20036
Tel: 800-284-KIDS
<http://www.tobaccofreekids.org>
Email: info@tobaccofreekids.org

**National Clearinghouse for Alcohol and
Drug Information (NCADI)**

P.O. Box 2345
Rockville, MD 20847
Tel: 301-468-2600, 800-729-6686
<http://www.health.org>

**National Council on Alcoholism and
Drug Dependence (NCADD)**

12 West 21st Street
New York, NY 10010
Tel: 212-206-6770
<http://www.ncadd.org>

National Families in Action

2296 Henderson Mill Road, NE.
Suite 204
Atlanta, GA 30345
Tel: 770-934-6364

**National Heart, Lung, and Blood
Institute****Information Center**

P.O. Box 30105
Bethesda, MD 20824-0105
Tel: 301-951-3260

Nicotine Anonymous

P.O. Box 591777
San Francisco, CA 94159
Tel: 415-750-0328
<http://www.nicotine-anonymous.org>
Email: info@nicotine-anonymous.org

NicNet

<http://tobacco.arizona.edu>

Phoenix Institute

3459 East Livingston Avenue
Columbus, OH 43227
Tel: 800-346-6356
<http://www.phoenixinst.com>

The QuitNet

<http://www.quitnet.org>

Smokefree (Autonomy Publishing Corporation)

P.O. Box 901
Larchmont, NY 10538
Tel: 914-698-7947
<http://www.smokefreekids.com>
E-mail: autonomy@ix.netcom.com

Smokescreen Action Network

<http://www.smokescreen.org>

The Society for Research on Nicotine and Tobacco (SRNT)

103 South Adams Street
Rockville, MD 20850
Tel: 301-251-9133
Fax: 301-279-6749
<http://alpha.butler.org/srnt/>
Email: SRNT7680@aol.com

Stop Teenage Addiction to Tobacco (STAT)

511 East Columbus Avenue
Springfield, MA 01105
Tel: 413-732-7828, 800-998-7828

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov>

Tobacco BBS

P.O. Box 359
Village Station
New York, NY 10014
Tel: 212-982-4645
<http://www.tobacco.org>

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